Amendments to the Specification

Please replace the paragraph beginning at page 11, lines 13-29 with the following amended paragraph:

[0037] The present invention provides a method for establishing quartiles of thromboxane B2 levels and correlating those quartile levels with risk of a cardiovascular event. Based on the range of levels found in patients treated with aspirin, four quartiles were established. The first quartile comprised levels less than 15.1 [[pg]]ng/mmol creatinine. The second quartile comprises levels between 15.1 to 21.8 [[pg]]ng/mmol creatinine. The third quartile comprises levels between 21.9 and 33.8 [[pg]]ng/mmol creatinine and the fourth quartile comprises levels greater than 33.8 [[pg]]ng/mmol. It is clearly apparent that these ranges are approximate and that in any study the quartile ranges may vary. The odds ratio for an incidence of a cardiovascular event over a five year period are 1.0, 1.3, 1.4, and 1.8 for the first to fourth quartiles, respectively. Thus, the risk of having a cardiovascular event over a study period of approximately 5 years is 80% greater for those in the fourth quartile as opposed to those in the first quartile.

Please replace the paragraph beginning at page 12, lines 1-13 with the following amended paragraph:

[0038] The method for assessing the risk of a cardiovascular event comprises measuring thromboxane B2 levels in urine and determining which quartile the level falls within. The association of a test level within a quartile range is indicative of the long-term relative risk of myocardial infarction, stroke and vascular death. Urinary levels of 11 dehydro thromboxane B2 that are predictive of future cardiovascular events are generally greater than 15 [[pg]]ng/mmol of creatinine. Urinary 11-dehydro thromboxane levels that are predictive of cardiovascular events are preferably in a range of about 15 to 100 [[pg]]ng/mmol creatinine, more preferably 21 to 100 [[pg]]ng/mmol creatinine and most preferably in a range of 30 to 100 [[pg]]ng/mmol creatinine.

Please replace the paragraph bridging pages 22 and 23 with the following amended paragraph:

[0066] As will be demonstrated in the examples to follow, the early detection of aspirin resistance is an important indicator for improved long-term overall survival and reduced mortality and morbidity due to major cardiovascular events. In particular, 11-dehydro thromboxane levels of greater than 33.8 [[pg]]ng/mmol creatinine are associated with an 80% greater risk of a cardiovascular event than levels less than 15.2 [[pg]]ng/mmol creatinine. By recognizing aspirin resistance and its implications, overall deaths can be reduced and congestive heart failure requiring hospitalization can be reduced. The detection of aspiring resistance is also important for the development of an appropriate treatment strategy for other condition which may benefit from a reduction thromboxane A2 levels.